

FAMILY CARE OF THE INSANE.—Dr. H. R. Stedman (Sixth Annual Report Mass. State Board of Charity) says: “1. A large proportion of these patients do not require asylum treatment, who, nevertheless, cannot for various reasons be suitably provided for among their relatives or friends. 2. Experience, both in this country and abroad, justifies the belief that suitable families can be found in this State to undertake the care of these cases. 3. If placed in these families, under systematic expert supervision and regular and competent visitation, these patients would be more comfortable than they now are; those who need it most could receive more effective treatment in the lunatic hospitals; and the expense to the State and the towns for the harmless insane would be considerably lessened.” The immense mass of the chronic insane have, however, been cared for at home until such care is an impossibility, and what such care is, is shown by the sickening cases of neglect unearthed in Pennsylvania.

ÆTILOGY OF PARETIC DEMENTIA.—Dr. Reinhard (*Allg. Zeit. für Psychiatrie*, Band xli., Heft 4 and 5) concludes that social storm and stress stand in the first rank as causes of paretic dementia, that drunkenness comes next, but is least potential in men. Syphilis is in the third rank. Heredity plays but a slight part.

TRABECULA CINEREA IN THE INSANE.—Dr. Verga (*Atti del Quarto Congresso de la Societa Freniatrica Italiana*) says that: First, the absence of the trabecula cinerea is not of much importance. Second, it is much less frequently absent in the female. Third, it is more frequently absent in the insane than the sane. Fourth, it is frequently absent in epileptics, but when present is well developed. Fifth, it seldom presents an exaggerated development in the female. Sixth, it is frequently absent or reduced in size in idiocy.

INSANITY AND DIVORCE.—Dr. C. H. Hughes (*Alienist and Neurologist*, April, 1885), discussing this subject, says: “Something must be done to lessen the growth of this horde of neuropaths, tainting the congenital fountains of normal mental life, and the remedy must come, if ever, speedily, through enlightened public opinion and just law. The church may declare marriage a sacrament, and dignify it as a contract of God’s, which no man can put asunder, as if God smiles upon the union of weakly neuropaths, the fruit of whose loins and wombs can only be weaklings in organization, whose fate is sure to be inevitably miserable, for in life’s stern struggle for existence, to be organizationally defective is to be defeated. The solution of the vexed problem is plain, where, of two contracting parties to a marriage, one at the time of the union was insane. The church may pronounce them joined together by God, but the law, placing

equal reliance upon the wisdom of the Almighty, but differently interpreting His will in the premises, will declare a compact null between an insane and a sane person, where matrimony is the consideration. But suppose a person with only the insane diathesis contracts a marriage? Though the father and the most of their families may have been insane, and insanity supervenes in either of them upon some slight mental strain, insufficient to even ruffle the minds of mental organisms inherently better endowed, the law gives no remedy, nor should it, in the majority of instances, as marriages are now made. But suppose the time should come when future consequences will be considered along with present interests, and the question should be asked as to insanity in the family or damaging nervous diseases, and false answers are given and marriage takes place in consequence, will the neuropath who makes a matrimonial contract on false representations be as liable as the party who falsely represents a horse or other property in order to dispose of it? The consequences of an insane or epileptic person marrying do not fall upon the parties to the marriage contract alone. Their immediate descendants are wronged. No one has a right to bring into being offspring organically greatly defective in brain. The unborn are thus wronged for life, without power or chance of redress. The State is thus wronged in the increased proportion of the imbecile, criminal, pauper, and other defective classes thus thrown upon its care. Society is wronged in the increased aggregate of misery placed in its midst. Neither the church nor the law should sanction such unions, and if some kind of remedy existed for marked organic mental defects, such as traumatic and clearly congenital epileptic insanity for instance, disastrous marriages of this kind would be consummated with more caution by the inherently defective in brain. If a handsome blooded horse is sold on a statement of a false pedigree, the sale is null. If a man or woman, though remotely of good family, but neurotically so defective that certain abnormalities of mental organism must be transmitted to offspring, enters into the marriage relation, such a marriage ought to be a nullity so far, at least, as the procreation of the race is concerned, and instead of laws being framed to punish for the prematurely induced birth of such post-natal mental abortions as are likely to result from such ill-chosen alliances, the prevention of such abnormal conceptions should be lawfully justified and encouraged. It were better that full-time children so defectively endowed should not be born, or, if born, should be born not viable. Wise and extremely cautious discrimination should be exercised when the law undertakes to interdict the procreation of offspring. Such prohibition should be securely founded on the higher law of pathological defect and descent, based on demonstrable and proven facts, not on conjecture or theory, and its steps should be slow and short and sure. Account would have to be taken of both factors—those tending towards race degeneracy on the one side, and those leading to race re-

generacy on the other. Mistakes may be easily made, such as have been made respecting the interdiction of the marriage of blood relations, by certain States, to prevent the engendering of idiots. To be safe and sure, law must be very deliberate, and guided only by the unerring revelations of science, and hereditary neuropathic degeneracy is a demonstrated fact. As such it is a subject for conservative sanitary legislation, as much so as the most destructive pestilence, and a certificate of normal organic nerve endowment should constitute an essential feature of the State's marriage certificate."

PSYCHICAL SYMPTOMS FROM OPERATIONS.—Dr. M. Collins (*British Medical Journal*, April 18, 1885) reports the following case: "E. F., aged 23, put himself under my care a few months ago. With the exception of knee-joint disorganization, there was no actual organic disease; the circulation was feeble, and nervous system exhausted by protracted physical suffering and mental anxiety. He was pale, anaemic, dyspeptic, and restless; at an early age given over to pain, sorrow, and defective assimilation. Palliative treatment gave comparatively little relief. He was invalided for years. At his own request I consented to amputate the limb; but, before I did so, I explained the risks plainly to him. His nervous system was so distraught, that I considered him not unlikely to succumb to the shock of a capital operation. On March 1st I amputated at the lower third of the thigh, by the ordinary flap-operation. Esmarch's bandage was used, so that there was no hemorrhage. The operation was satisfactory in every way; the patient recovered from the effects of chloroform, and was able, after two hours, to take beef-tea and milk at intervals. Four hours afterwards he was progressing favorably. Soon, however, he began to talk wildly and incoherently, and to suspect his nearest and dearest relative. On arrival, I found him singing snatches of songs, whistling, trying to get out of bed, regardless of the pain in the stump. He was, however, very amenable to persuasion. Then, for a time, he remained apathetic, till he was again haunted by some hallucination, when he broke out into wild delirium. The pulse was small and quick; the pupils dilated; the extremities cold; the surface of the abdomen, chest, and his face were covered by a clammy perspiration. I administered morphia by hypodermic injection, to counteract shock and pain; and at the same time I ordered a liberal allowance of beef-tea, and free stimulation. All was to no avail; he died rapidly—as patients do sometimes of delirium tremens—eighteen hours after the operation. Major operations are sometimes, though rarely, followed by mania. This may be merely a coincidence; but I strongly suspect, when it does supervene, that the patients were already the subject of a deep derangement of the affective life, or of some obscure insane temperament. In such cases, it is well known that insanity may follow reaction